

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SUPPLY DEVICE FOR SNOW GUN
Attorney Docket Number::	794K US 3839
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-FRANÇOIS  
Middle Name::  
Family Name:: DION  
City of Residence:: BRAINS  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: LA SAUVAGERIE

City of Mailing Address:: BRAINS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 44830

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRICK  
Middle Name::  
Family Name:: JOUNEAU  
City of Residence:: TREILLIERES  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 40 RUE DE LA POSTE DE GESVRES

City of Mailing Address:: TREILLIERES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 44119

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This applicatio	National Stage of	PCT/FR00/01772	6/23/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	99/08438	6/25/99	Yes

**Assignment Information**

Assignee Name:: York Neige  
Street of Mailing Address:: 18 RUE GUSTAVE EIFFEL

City of Mailing Address:: SAINTÉ LUCE SUR LOIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 44980